|                                                                                                 |                                                |                                                |            |                                   |                     |                  |              | Application or Docket Number |                        |                |                     |                        |  |  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------|-----------------------------------|---------------------|------------------|--------------|------------------------------|------------------------|----------------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  09/970409               |                                                |                                                |            |                                   |                     |                  |              |                              |                        |                | 9                   |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                  |                                                |                                                |            |                                   |                     |                  |              | MALL<br>YPE                  | ENTITY                 | OR             | OTHER<br>SMALL      | THAN<br>ENTITY         |  |  |
| TO                                                                                              | OTAL CLAIMS                                    |                                                |            |                                   |                     |                  |              | RATE FEE                     |                        |                | RATE                | FEE                    |  |  |
| FC                                                                                              | )R                                             |                                                | NUMBER     | FILED                             | NUMBER EXTRA        |                  |              | BASIC FEE 385.00             |                        |                | BASIC FEE           | 770.00                 |  |  |
| TC                                                                                              | TAL CHARGE                                     | ABLE CLAIMS                                    | minus 20=  |                                   | •                   |                  |              | X\$ 9=                       |                        | OR             | X\$18=              |                        |  |  |
| INE                                                                                             | DEPENDENT C                                    | LAIMS                                          | m          | inus 3 =                          | *                   |                  |              |                              |                        | OR             | X86=                |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                |                                                |                                                |            |                                   |                     |                  | +145=        |                              | OR                     | +290=          |                     |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                        |                                                |                                                |            |                                   |                     |                  | -            | TOTAL                        |                        | OR             | TOTAL               |                        |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                    |                                                |                                                |            |                                   |                     |                  |              | SMALI                        | LENTITY                | OR             | OTHER<br>SMALL      |                        |  |  |
| AMENDMENT A                                                                                     | X                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |            | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |              | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| NON                                                                                             | Total                                          | . 15                                           | Minus      | -2                                | 0                   | =                | - [          | X\$ 9=                       |                        | OR             | X\$18=              |                        |  |  |
| AME                                                                                             | Independent                                    | . 5                                            | Minus      | *** *                             | 4                   | = /              | T            | X43=                         |                        | OR             | X86=                | 8600                   |  |  |
|                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                |            |                                   |                     |                  | +145=        |                              | OR                     | +290=          |                     |                        |  |  |
|                                                                                                 |                                                |                                                |            |                                   |                     |                  | <u>Γ</u>     | TOTA                         |                        | OR             | TOTAL<br>ADDIT. FEE | 8/600                  |  |  |
|                                                                                                 |                                                | (Column 1)                                     |            | (Colun                            |                     | (Column 3)       |              | <i>&gt;</i> <b>D</b> 11.1 C  |                        |                |                     |                        |  |  |
| AMENDMENT B                                                                                     | (C)                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |            | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER                 | PRESENT<br>EXTRA |              | RAȚE                         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| NON                                                                                             | Total                                          | · 15                                           | Minus      | -20                               | 9                   | -                |              | X\$ 9=                       |                        | OR             | X\$18=              |                        |  |  |
| AME                                                                                             | Ind pendent                                    | • 5                                            | Minus      | /C                                | <u> </u>            | -                |              | X43=                         |                        | OR             | X86=                |                        |  |  |
| لـــا                                                                                           | rins) Frese                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                   |                     |                  |              | +145=                        |                        | OR             | +290=               |                        |  |  |
|                                                                                                 |                                                |                                                |            |                                   |                     |                  | AD           | TOTAL                        |                        | OR             | TOTAL<br>ADDIT, FEE |                        |  |  |
|                                                                                                 |                                                | (Column 1)                                     |            | (Colum                            |                     | (Column 3)       | _            |                              |                        | _              |                     |                        |  |  |
| AMENDMENT C                                                                                     | `F                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |            | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY         | PRESENT<br>EXTRA |              | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| N N                                                                                             | Total                                          | . 15                                           | Minus -    | -2                                | 0_                  | =/-              |              | X\$ 9=                       |                        | OR             | X\$18=              |                        |  |  |
| ME                                                                                              | Independent                                    | • 5                                            | Minus      | ***                               | <u> </u>            |                  |              | X43=                         |                        | OR             | X86=                |                        |  |  |
|                                                                                                 | FIRST PRESE                                    | NTATION OF MU                                  | LTIPLE DEF | ENDENT                            | CLAIM               |                  | ` <b> </b> - |                              |                        |                |                     |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.           |                                                |                                                |            |                                   |                     |                  |              |                              | OR OR                  | +290=<br>TOTAL |                     |                        |  |  |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |                                                |                                                |            |                                   |                     |                  |              |                              |                        |                |                     |                        |  |  |

|                                                                                       |                                                                         |                                           |                                       |                                   |              |                                                                                                                                 |          | Application or Docket Number |              |                        |                     |                               |                        |  |  |  |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------|--------------|------------------------|---------------------|-------------------------------|------------------------|--|--|--|
|                                                                                       | PATENT APPLICATION FEE DETERMINATION RECOF<br>Effective October 1, 2003 |                                           |                                       |                                   |              |                                                                                                                                 |          |                              | nd 09/970409 |                        |                     |                               |                        |  |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                         |                                           |                                       |                                   |              |                                                                                                                                 |          | SMALL ENTITY                 |              |                        |                     | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |  |
| T                                                                                     | OTAL CLAIMS                                                             |                                           | -                                     |                                   |              |                                                                                                                                 |          | RATE FEE                     |              | 7                      | RATE                | FEE                           |                        |  |  |  |
| FC                                                                                    | OR ·                                                                    |                                           | NUMBER FILED                          |                                   | NUMBER EXTRA |                                                                                                                                 |          | BASIC FEE 385.00             |              | OR                     | BASIC FEE           | 770.00                        |                        |  |  |  |
| TC                                                                                    | TAL CHARGE                                                              | ABLE CLAIMS                               | 20° mi                                | nus 20=                           | •            |                                                                                                                                 |          | X\$ 9=                       |              | OR                     | X\$18=              |                               |                        |  |  |  |
| INE                                                                                   | DEPENDENT C                                                             | LAIMS                                     | 3 7                                   | inus 3 =                          | •            |                                                                                                                                 |          |                              | X43=         |                        |                     | X86=                          |                        |  |  |  |
| ML                                                                                    | JLTIPLE DEPE                                                            | NDENT CLAIM P                             | RESENT                                |                                   |              |                                                                                                                                 | +145=    |                              |              |                        | OR<br>OR            | +290=                         |                        |  |  |  |
| * [1                                                                                  | the difference                                                          | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |              |                                                                                                                                 | į        | TOTAL                        |              |                        | OR                  | TOTAL                         | 7 1                    |  |  |  |
| CLAIMS AS AMENDED - PART II                                                           |                                                                         |                                           |                                       |                                   |              |                                                                                                                                 |          |                              | - L          |                        | 10                  | OTHER                         | THAN                   |  |  |  |
|                                                                                       | (Column 1) (Column 2) (Column 3)                                        |                                           |                                       |                                   |              |                                                                                                                                 |          | SMAL                         | LE           | NTITY                  | OR                  | SMALL                         | ENTITY                 |  |  |  |
| ENT A                                                                                 | A                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA                                                                                                                |          | RATE                         | - 1          | ADDI-<br>TIONAL<br>FEE |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |
| <b>AMENDMENT</b>                                                                      | Total                                                                   | . 4                                       | Minus                                 | -2                                | 0            | =/                                                                                                                              |          | X\$ 9=                       |              | ï                      | OR                  | X\$18=                        |                        |  |  |  |
| AME                                                                                   | Independent                                                             | · 2                                       | Minus                                 | ***                               | 3_           | =                                                                                                                               |          | X43=                         |              |                        | OR                  | X86=                          |                        |  |  |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                          |                                           |                                       |                                   |              |                                                                                                                                 | +145     |                              | 1            |                        | OR                  | +290=                         |                        |  |  |  |
|                                                                                       |                                                                         |                                           |                                       |                                   |              | Ļ                                                                                                                               | TOTA     |                              |              |                        | TOTAL<br>ADDIT, FEE |                               |                        |  |  |  |
|                                                                                       | (Column 1) (Column 2) (Column 3)                                        |                                           |                                       |                                   |              |                                                                                                                                 | •        | ADDIT. FE                    | . C          |                        | •                   | ADDII. FEET                   |                        |  |  |  |
| AMENDMENT B                                                                           | B                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID E | BER<br>USLY  | PRESENT<br>EXTRA                                                                                                                |          | RATE                         |              | ADDI-<br>IONAL<br>FEE  |                     | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |
| N<br>N                                                                                | Total                                                                   | - 14                                      | Minus                                 | d                                 | (0           | =                                                                                                                               |          | X\$ 9=                       |              |                        | OR                  | X\$18=                        |                        |  |  |  |
| AME                                                                                   | Ind pendent                                                             | · 4                                       | Minus                                 | <u>(</u>                          | <u>3</u> .   | = /                                                                                                                             |          | X43=                         |              |                        | OR                  | X86=                          | 84,00                  |  |  |  |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                          |                                           |                                       |                                   |              |                                                                                                                                 |          | +145=                        | 1            |                        | OR                  | +290=                         |                        |  |  |  |
|                                                                                       |                                                                         |                                           |                                       |                                   |              |                                                                                                                                 | <b>L</b> | TOTA                         |              |                        | OR                  | TOTAL<br>ADDIT. FEE           | 84.00                  |  |  |  |
|                                                                                       |                                                                         | (Column 1)                                |                                       | (Colum                            |              | (Column 3)                                                                                                                      |          |                              |              | \                      | •                   |                               |                        |  |  |  |
| AMENDMENT C                                                                           | `@                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA                                                                                                                |          | RATE                         | T            | ADDI-<br>IONAL<br>FEE  | ·                   | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |  |
| MON                                                                                   | Total                                                                   | . 14                                      | Minus                                 | -2                                | 0            | =/.                                                                                                                             | ſ        | X\$ 9=                       |              |                        | OR                  | X\$18=                        |                        |  |  |  |
| AME                                                                                   | Independent                                                             | • 4                                       | Minus                                 | ***                               | 7            | =                                                                                                                               |          | X43=                         | 十            |                        | OR                  | X86=                          |                        |  |  |  |
| لــا                                                                                  | HINST PHESE                                                             | NTATION'OF ML                             | LIPLE DEF                             | ENDENT                            | CLAIM        |                                                                                                                                 | I        | +145=                        | 1            | -                      | OR                  | +290=                         |                        |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                         |                                           |                                       |                                   |              |                                                                                                                                 |          |                              |              |                        |                     |                               |                        |  |  |  |
| "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3."           |                                                                         |                                           |                                       |                                   |              |                                                                                                                                 |          |                              |              |                        |                     |                               |                        |  |  |  |
| i                                                                                     | ilie rignesi Num                                                        | iver Freviously Pak                       | aror (lonalión                        | maepende                          | nu) is the   | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |          |                              |              |                        |                     |                               |                        |  |  |  |